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ABSTRACT

Training in suicide prevention, intervention, and postvention is lacking in most counseling psychology training programs despite the likelihood of trainees encountering suicidal individuals in their careers. Part of the reluctance to address this issue may be due to the potential problems of incorporating training into existing counseling programs and deciding whether it should be part of an existing class or added as an additional class. Arguments for the inclusion of training are provided as well as suggestions for implementing these changes. Another concern of working with suicidal patients is the fear of legal repercussions. Training needs to address ethical issues, such as confidentiality and competence. A training model is described which includes crisis management courses and practicum experiences related to working with suicidal clients. (JDM)

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Running Head: TRAINING

Training for Counseling Psychologists in Suicide Prevention, Intervention, and Postvention

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Abstract

Training in suicide prevention, intervention, and postvention is lacking in most Counseling Psychology training programs despite the likelihood of trainees encountering suicidal individuals during their training or in their future careers. Training in suicidology for Counseling Psychologists should not occur after the fact, but should occur as part of a comprehensive Counseling Psychology training program. Arguments for the inclusion of training are provided as well as suggestions for implementing those changes.

Training for Counseling Psychologists in Suicide Prevention, Intervention, and Postvention

Training in suicidology for Counseling Psychologists should not occur after the fact, but should occur as part of a comprehensive Counseling Psychology training program. Most Counseling Psychologists will encounter suicidal individuals within the scope of their career, and Counseling Psychology trainees are also just as likely to work with suicidal clients in a training program or on internship. Kleespsies, Penk, and Forsyth (1993) reported that 97% of psychology trainees, including those in Counseling Psychology, have treated suicidal individuals. In addition, 29% of psychology trainees had at least one client attempt suicide, and 11% of trainees experienced losing a client to suicide. Also, the emotional impact of losing a client to suicide can have long-term effects on the career of the new professional (Kleespies, Smith, & Becker, 1990). Despite the likelihood of encountering suicidal individuals while in training, on internship, or during one's career, little formal training is offered in suicide prevention, intervention, and postvention in psychology graduate programs (Kleespies et al., 1993).

Counseling Psychologists may argue that most training in the area of suicide should occur during a trainee's internship, if the issue is relevant to the training site, and consequently, training in suicide prevention, intervention, and postvention is not necessary in Counseling Psychology graduate programs. However, there are some compelling arguments for the inclusion of training in suicide. First, Counseling Psychology trainees are likely to encounter suicidal individuals during course practica in university counseling centers or community clinics. In addition, many internship sites deal with suicidal behavior of clients on a case-by-case basis, and few interns receive systematic, didactic training regarding suicide (Kleespies et al., 1993). Also, the goal of Counseling Psychology graduate programs is to prepare students to be competent

scientist-practitioners, and this goal is not being met in the area of suicide. Students are not receiving training in the practice or science of suicidology, and it is unknown if the training in working with suicidal clients is being systematically informed by empirical research. Another reason for the inclusion of training is that the roles of Counseling Psychologists are widening, and although the traditional focus of Counseling Psychology has not been abandoned (e.g. areas such as vocational behavior and life skills development), the field has evolved over the past two decades to include a wider scope of practice (Westefeld, Range, Rogers, Maples, Bromley, & Alcorn , 2000). More Counseling Psychologists are obtaining internships and employment in a variety of environments beyond university counseling centers. Such sites include community mental health centers, the veteran's administration hospitals, other medical settings and hospitals, schools, businesses, and industry (Kagan et al., 1988). Thus, Counseling Psychology has moved toward becoming a primary care specialty, and Counseling Psychologists will be treating clients with a wide variety of issues, including suicidal thoughts and behaviors (Westefeld et al., 2000). For these reasons, Counseling Psychology graduate programs have a responsibility to incorporate training in suicide prevention, intervention, and postvention.

Part of the reluctance to address this issue may be due to the potential problems of incorporating training into existing Counseling Psychology programs. One issue is that many faculty responsible for the training and supervision of practicum course do not have formal training in these issues, and as a result, may have difficulty in training students. However, that is not a sufficient reason to overlook the needs of trainees in terms of their current and future work with suicidal individuals. Another obstacle to the inclusion of training in suicide is integrating the training in to existing graduate programs. Issues that may arise include where the training would be placed in the program. Should there be additional classes or should the issues be

infused in other course work, as was done originally with multicultural issues? If additional classes were added, this would affect programs in terms of credit hours, and it may expand the length of some programs. The integration of training in suicide prevention, intervention, and postvention may prove to be difficult and challenging, but it is not an impossible task.

Westefeld et al. (2000) addressed several issues regarding training for Counseling Psychologist in suicide, and they suggest that training should include both formal and informal elements to accomplish the overall goals of creating Counseling Psychologists who are competent in working with suicidal individuals. First, supervision models need to be developed and tested empirically in order to determine the most effective method of training and supervising students in the area of managing clients' suicidal behavior. Kranz (1985) suggested a supervision model in which the supervisor acts as a mentor to the trainee, and then models to the student useful methods in dealing with suicidal individuals. Gradually, the trainee becomes responsible for the treatment and clinical decisions regarding the suicidal client, but only after observing the supervisor with the client and discussing the case with the supervisor. The anxiety of the trainee of working with suicidal individuals should be greatly reduced through this gradual process (Kranz, 1985). Westefeld et al. (2000) also suggest that a well-developed protocol for assessing and intervening with suicidal individuals within a training program would be beneficial for students, faculty, and staff. In addition, standardizing definitions such as crisis and emergency would create consistency and continuity within a graduate training program (Kleespies, 1998a).

Another important and salient concern in working with suicidal individuals is the fear of legal repercussions (Westefeld et al., 2000; Clark, 1998). However, fear of legal consequences of working with suicidal individuals is also not a sufficient reason to avoid working with suicidal

clients. Fear does not allow for escape from ethical and moral obligations to the client in danger of hurting him/herself. Increasing knowledge about suicidal issues, including know the appropriate steps in prevention, intervention, and postvention of suicidal behavior of a client could reduce the anxiety of working with suicidal individuals for trainees and professionals in Counseling Psychology. Also, by providing training in suicide issues in training programs, students can also learn sufficient documentation and other procedures to minimize the threat of legal action due to a client's suicide (Clark, 1998).

Finally, Westefeld et al. (2000) discussed that training should also address ethical issues, such as confidentiality and competence that arise when working with suicidal individuals. These issues will arise when a Counseling Psychologist or trainee is faced with a suicide crisis situation, and it is the opportunity of Counseling Psychology graduate programs to incorporate systematic, coherent training addressing these issues a priori to the potential crisis situation.

Westefeld et al. (2000) offered the following training model as a preliminary suggestion to including training in Counseling Psychology graduate programs. Coursework could include a crisis management course and supervision and practicum experiences related to working with suicidal clients. In addition, departments, counseling centers, and clinics within training programs could develop a systematic protocol for dealing with suicidal individuals and a panel to review cases in which a client committed suicide. Also, see Neimeyer (2000) for another inclusive training model for both suicide and hastened death issues for Counseling Psychologists that included personal and skill development for the Counseling Psychologist trainee. Incorporating training in suicide prevention, intervention, and postvention in Counseling Psychology graduate programs serves not only the students and faculty within those programs,

but also the current and future individuals who will be under the care of the Counseling Psychologists trained in those programs.

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